

# Parent-Child Attachment

## FosterParentCollege.com® A Viewer Guide

### Introduction to Parent-Child Attachment

This course will discuss the importance of healthy attachment as well as separation and loss and the impact they have on an individual's attachment. Children in foster care frequently have insecure attachments as the result of unreliable or unresponsive parenting. Four attachment patterns (secure, avoidant, resistant, and disorganized) are discussed within the framework of attachment theory. Richard Delaney, PhD, psychologist, author and foster care consultant, and Betsy Keefer Smalley, Director of Foster Care and Adoption Training, Institute for Human Services (IHS), Columbus, Ohio, share their expertise in this course and provide useful suggestions for future foster and adoptive parents. This course includes handouts that can be downloaded from the viewer's home page at FosterParentCollege.com®.



*Betsy  
Keefer Smalley, LSW*

At the end of this course, the viewer will be able to:

- Discuss the importance of attachment for the healthy emotional development of a child.
- Describe the potential negative effects of maltreatment, separation, and loss.
- Describe how issues of divided loyalty, perceived abandonment or rejection, reactivation of feelings from previous separations, and ambivalence about attachment and permanence play a role in emotional conflict.
- Discuss how insecure attachment established earlier in life impacts a child's behavior while in placement.



*Richard Delaney,  
PhD*

This companion guide provides the content of this course.

## A Brief Look at Attachment

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Human beings are social creatures who learn how to interact with or connect to others at a very young age. Human attachment is defined as the ties that bind us to others. As an infant, child, or adult, each of us attaches to others in a unique way, but there are also definite patterns in the development of attachment.

For an infant or child, a secure attachment develops over time when a child's parents or caregivers are sensitive and responsive to the child's needs. This parental support is especially critical during the developmental period from birth to three. Attachment is a two-way street: babies grow attached to parents, and parents grow attached to their babies and children.

Children who have a secure attachment feel confident to safely explore the world around them. Knowing that they can count on someone allows them to get involved in life, by learning, playing, and interacting with others.

### Attachment Risk Factors

Of course, some children experience parents who are unreliable and unresponsive. As a result, they develop a form of insecure attachment. Generally, when the child's needs are met inconsistently, as in abusive or neglectful families, the child's attachment becomes insecure.

The following risk factors may lead to an insecure attachment:

- Prenatal substance exposure
- Frequent changes in primary caregivers
- Multiple interruptions in care, separations, and losses
- Physical and sexual abuse, or even exposure to domestic violence
- Neglect by a caregiver.

The younger the child when suffering substance exposure, change in caregivers, trauma, and/or neglect the greater the likelihood of insecure attachment.

### Secure vs. Insecure Attachment

One or more of the previously listed attachment risk factors can lead to an insecure attachment. To insure a better understanding of the risk factors, viewers are asked to sort statements into three categories: Secure Attachment, Insecure Attachment, and a third category, Unsure. Statements are followed by the correct selection and an explanation.

**The child chronically does not receive a response to his needs.**

***Insecure.** When a child's needs, such as for food, diapering, and being comforted, often go unmet for long periods of time, the child can develop an insecure attachment. The child eventually concludes that his caregiver is unresponsive or unpredictable, and that often his needs will not be met by his caregiver.*

**The baby cries a lot.**

***Unsure.** Some babies do cry a lot, but this alone is not a sign of either a secure or insecure attachment. If a baby or toddler screams for hours and no one attends to him, insecurity may develop.*

**The baby is comforted as needed.**

***Secure.** Human interaction, with timely and accurate responses to needs, not only comforts the baby at the moment but also leads to a secure attachment. When a response is timely and appropriate the child is reassured that the caregiver is available and able to help him calm down and become regulated again. Further, when a parent successfully comforts a child, the parent's attachment to the child is strengthened.*

**The child is abused.**

***Insecure.** Child abuse is a classic circumstance that produces an insecure attachment. Nevertheless, 15% of abused children are resilient and have a secure attachment, despite what they've been through. Harsh, abusive parenting can traumatize the child and promote the conclusion that he cannot seek out his caregivers when he is upset or needy. The caregivers become one of the greatest sources of confusion and anxiety. The question in the child's mind is, "I need them, but will they hurt me?"*

**The child's caregiver is insensitive to his specific needs.**

***Insecure.** A child who experiences caregivers who are insensitive and unresponsive to his needs feels insecure. Imagine a child who needs to be picked up and held and reassured by the parent, but instead is propped up, given a bottle, not comforted, and left alone. This is a mismatch of needs and response.*

**An infant or young child is placed in foster care.**

***Insecure.** Multiple disruptions in caregiving can produce insecure attachments. Continuity of care and protection of the caregiver-child relationship are extremely important to the child's growing sense of security.*

**An older child is moved from one foster home to the next over several years.**

***Insecure.** Multiple placements and frequent moves from one family to another undermine the child's sense of security. Continuity of care is critical to a sense of security. Without continuity, the child may conclude that he cannot count on receiving care from a consistent individual and becomes overanxious due to frequent separations from and losses of attachment figures.*

**A formerly abused child is always pleasant and obedient and never complains or expresses feelings.**

***Insecure.** When children are raised in threatening environments, they learn to comply to keep themselves safe from physical abuse. They often feel insecure but are unwilling to approach their caregivers for reassurance, because they fear them.*

## **A Closer Look at Attachment: Monica’s Story, Part 1**

Many foster children have some form of unexpected or even unacceptable behavior which ties in with their insecure attachment. This behavior doesn’t simply disappear after the child is placed in foster care, and it is not easily reversible by introducing the child to a secure environment and loving parents. Instead, foster and adoptive parents need to recognize the insecure attachment pattern and work toward a trusting relationship with the child in order to improve the behavior over time.

To build a better understanding of how attachment theory applies to real life, Lois Blackburn, a caseworker, reviews a case of child neglect. This story is about Monica, who came to the attention of social services as a toddler and is currently 5 years old:

*Monica had a rough start right from the beginning. Her mom Wendy, who came from the foster care system herself, was always on the wild side, heavily into alcohol and going to parties. At 19, she found herself pregnant from a one-night relationship. Not knowing the dad, she contemplated an abortion but decided to have the baby. During the pregnancy, Wendy went on public assistance. Defiant and critical of others, she failed to listen to warnings about the prenatal risk to her baby if she continued her drinking lifestyle. After Monica was born, Wendy spent most of her days hanging out with her friends in cafes and bars, taking Monica with her in a stroller. Monica wasn’t an easy baby. She cried constantly, perhaps a symptom of her prenatal exposure to alcohol. Wendy’s parenting style was awkward and brisk. If Monica began crying while Wendy was with her drinking buddies, someone would try to appease her. But when alone, Wendy was confused about how to comfort the baby. She didn’t respond to the cries, and she didn’t seem to pick up on what Monica needed. As the crying got more intense, Wendy would sometimes lose it and scream in the baby’s face, which seemed to startle Monica. Other times when the baby cried, Wendy would ignore her and escape to the back porch to have a drink, and she would use music to drown out the sounds of Monica’s crying.*

## **Patterns of Attachment**

Neglectful and frightening treatment of an infant or young child can really impact a child’s attachment. This is not to say that momentary or occasional delays in addressing a need are seriously damaging to a child’s development of a secure attachment. Sometimes it takes caregivers a while to figure out how to meet a baby’s needs, and adults don’t always get it right the first time. An insecure attachment develops when the caregiver is routinely unreliable or unresponsive.

## **The Formation of Attachment**

The vertical line representing attachment ranges from “secure” at the top to “insecure.” The midpoint

represents an unformed attachment (such as a newborn infant). Starting at the midpoint, a horizontal line represents childhood and beyond.

In a healthy environment, the child's caregiver is responsive and reliable, and the attachment line would track upward, representing a pattern of secure attachment. In attachment theory, this is referred to as "securely attached" or "B" attachment.

A child who experiences attachment risk factors like neglect or interruptions in caregiving will fall into one of three patterns of insecure attachment represented by lines tracking downward, labeled A, C, or D.

Psychologists have defined each of these patterns by describing the general behavior of the infant or child. Although some behaviors may overlap, there are differences.

## Attachment Patterns

### Pattern B: Secure attachment

The child with a secure attachment pattern:

- Is able to separate from parent
- Seeks comfort from parent when frightened
- Prefers parents to strangers
- Shows positive emotion when reconnected with parents

### Pattern A: Avoidant attachment

The child with an avoidant attachment pattern:

- Avoids or ignores the parent when he or she enters the room
- Treats a stranger with the same level of attachment as a parent
- Shows little or no desire to maintain contact when picked up
- Tends not to cuddle
- Avoids expression of negative feelings
- May be very compliant

### Pattern C: Resistant attachment

The child with a resistant attachment pattern:

- Is not interested in exploring new surroundings
- Is wary of strangers, even when the parent is present
- Is distressed when the mother departs but ambivalent when she returns
- And may show a great deal of negative emotion
- Makes continuous attempts to attract and hold the caregiver's attention

## Pattern D: Disorganized attachment

The child with a disorganized attachment pattern:

- Lacks an understandable strategy to maintain contact with the parent
- Experiences his caregivers as alarming yet needed for safety
- Addresses fear without solution; may exhibit “freezing” behavior
- Can’t put feelings into words

## Identifying Patterns of Attachment

The more insecure attachment patterns are understood, the easier it is to help foster children move toward a secure attachment. Parents need a nurturing approach which both understands the child’s attachment pattern and guides the child toward achieving his greatest potential. To better understand the concept of attachment patterns, viewers are asked to identify attachment patterns based on brief descriptions of children’s behaviors. The descriptions are followed by the correct selection and an explanation:

*Molly is my two-year-old foster daughter. It took a long time before I could get her to relate to me. She still won’t relate to others. When I take her to new places, she just sits near me and doesn’t explore her surroundings. If I move away from her, she screams until I pick her up again.*

Molly demonstrates resistant attachment. This child does not explore new places and is slow to relate to strangers. She sends obvious yet angry signals indicating she wants contact with her mother, or she becomes so helpless that her mother has to pick her up. As the child passes from infancy to early childhood, she might remain insecure, getting the parent’s attention through angry or perhaps helpless behavior.

*Jonathan, who is three, lived his first two years in a drug home and wasn’t treated well. For example, after he could crawl, his dad’s Rottweiler was given preference over him when his dad dropped food on the floor. When he was placed in our home, he had no interest in life. He would mostly stay frozen wherever we put him. He seems to be unhappy and needing attention, but when we pick him up he cries. Trying to read his pattern is really confusing.*

Jonathan demonstrates disorganized attachment (Pattern D). This category serves to identify children who don’t have a recognizable A (avoidant), B (secure), or C (resistant) pattern. His attempts to relate to his parents are confusing; he both fears and needs the caregiver. His interactions with caregivers are puzzling.

*Linda seems very insecure. She is completely cooperative with me and often seems more like my caretaker than my foster child. However, when she is near me and I try to cuddle her, she doesn’t want anything to do with me. I don’t feel her bonding with me. It’s as if I’m just there.*

Linda demonstrates avoidant attachment. When being held by the foster mother, this child looks away and may squirm to get down from the mother’s lap. As the child passes from infancy to early

childhood, she might remain insecure and avoid showing any negative feelings toward her mother. She may act totally compliant or may even try to take care of her mother.

## Monica's Story, Part 2

Most experts agree that the first thirty-six months of life are a critical period in forming a secure or insecure pattern of attachment. The parent-child interactions that occur thousands of times define the attachment. Other factors, such as prenatal exposure to toxins like alcohol and tobacco that can result in serious nervous system damage, can also influence the development of attachment.

Additionally, drug and alcohol exposure after birth may contribute to how the child's attachment begins to form. It is difficult to isolate the causes of attachment issues, as there is often a lot of neglect in homes where the parents are also abusing drugs and alcohol. Lois Blackburn expects the influence of multiple types of neglect may have impacted Monica. Wendy and Monica's story continues:

*After a long evening, Wendy would often sleep late into the day. She failed to care for or pick up the baby when she cried. After Monica was 10-months-old, Wendy missed the nighttime bar life, and she began to hire a neighbor's preteen daughter to watch Monica after she was asleep. The preteen was already into drugs and alcohol and had older friends over while babysitting. It is unknown if Monica was abused during this period.*

*Soon there was the evening when Wendy failed to come home, and the preteen ended up spending the night. The second time this happened, the preteen's mom called CPS, and Monica was removed and placed in foster care. The removal of Monica from her home was necessary for her own safety, but a radical shift in the primary caregiver is still another traumatic event.*

The graph demonstrates how Monica fits the disorganized attachment pattern and falls into the range of insecure attachment. The vertical line represents attachment and should be viewed as a continuum ranging from secure to insecure attachment. Most children fit in the range of secure attachment, but as many as 80% of maltreated infants and children are in the insecure attachment range like Monica. The very bottom of the continuum includes a much smaller percentage of infants and young children who have been diagnosed with an attachment disorder like Reactive Attachment Disorder or RAD.

### Wendy and Monica's story continues:

*Monica's first placement was a temporary one in a receiving home for 24 hours. The experienced provider reported that she was avoidant, withdrawn, and simply would not interact with them. At the court hearing the next day, Wendy was encouraged to get sober and take parenting classes before Monica could return home.*

*Having Monica removed seemed like a real wake-up call for Wendy. After the court hearing, she did seek help getting sober by attending AA. She landed a part-time job at a local park, cleaning restrooms in the picnic area and she attended parenting classes. Wendy was fairly consistent in her visits with Monica, missing only one visit, due to car trouble. During one supervised visit, it was noticed that Monica would not call out to Wendy when she wanted her or cry when Wendy left the room. Nor*

*did Monica crawl toward her or reach out to be picked up. On a couple occasions, Monica sat under Wendy's chair. Monica wanted to be close to Wendy, but not on her lap.*

Monica is demonstrating important signs of an insecure attachment without completely rejecting Wendy. Children like Monica who have suffered from neglect still have an emotional attachment to their birth parent.

### **Wendy and Monica's story continues:**

*Wendy's hard work eventually paid off. After eight months, the court returned Monica to her. Wendy had sobered up and also had learned to be more attentive to her baby. By then, unfortunately, Monica had been in three foster placements that were disrupted because of her behavioral issues, primarily sleep problems and indiscriminate crying and screaming. Thankfully, the fourth and final foster parent was very experienced and understood Monica's insecurity. This seemed to help.*

*By now Monica was 18-months-old, a bit delayed in her walking, and still an irregular sleeper, waking repeatedly in the night. Follow-up visits with Wendy revealed she was staying sober, being a much more responsive mom, and retaining her part-time job. Monica, though, still hadn't begun to talk or seem receptive toward others, including Wendy. She appeared to be delayed in both motor and cognitive skills, and she seemed to have a hard time interacting with Wendy. She was a bit less awkward in her interactions with her foster mother. During weekly visits with Wendy, Monica would be fussy but not accept comforting. Wendy was obviously at a loss for what to do at these times.*

Monica's behaviors with her mother would be expected. Insecure attachment and unusual behaviors don't simply disappear when a child is placed in a good foster home or when the birth parent improves. Ongoing patterns have been developed.

## **Tragedy Strikes**

### **Wendy and Monica's story continues:**

*At first, it seemed the court's intervention had worked in Wendy's case. But she relapsed. Wendy lost her job and began to go downhill. She returned to being noncompliant with her treatment plan, and her care of Monica was backsliding. Monica was a very unhappy, unsmiling toddler who threw temper tantrums and had to be removed from Wendy for a second time. Monica was two-years-old, and still underweight and small. With the court's encouragement, Wendy began treatment for her alcohol problem, rejoined AA, and began working toward her GED, with plans to become a nurse's assistant. Meanwhile Monica, because of her behavior issues, moved through two more foster homes before finding a family that could handle her. Wendy eventually got a different part-time job at a fast food restaurant in a nearby town. Things began to look up for Wendy, who was again consistent in her visits with Monica. She obviously wanted to get her child back.*

*The court was pleased with Wendy's progress and about to return Monica for a second reunification attempt, when Wendy died in a traffic accident. While driving home from work on a rainy night, Wendy apparently swerved to miss a dog in the road. Within a matter of days, Monica was placed on the*

*adoption track. There were no known relatives available to take her, and her current foster parents showed no interest in adopting her; the loss of her biological mom in the accident would only add to Monica's insecure attachment.*

For most children, in any age group, a permanent loss of the caregiver through death, divorce, or illness, or the caregiver's chronic depression, can lead to or add to unresolved grieving and an insecure attachment.

## Life Experience Puzzle

To insure a better understanding of how Monica's life experiences formed her view of the world and her caregivers viewers are asked to consider her experiences as puzzle pieces that make up a whole. Monica's negative experiences in her 2-and-one-half years were many and all influenced her attachment development:

- Monica received unresponsive care while with her biological mother.
- Her mother's alcohol consumption added to her confusion.
- She had many caregivers who came and went during her short life, including Wendy's drinking buddies and a preteen babysitter.
- Monica experienced many separations not only from Wendy but from different foster parents as a result of several placements.
- Often Monica's needs were not met by her caregiver.
- The death, or loss, of her mother, Wendy.

Monica's assembled puzzle – her view of the world and of caregivers – would be as confusing an abstract image. Children, based on their thousands of encounters with their caregivers and many life events, come to conclusions and expectations about caregivers and themselves. A child with an insecure attachment pattern is not able to securely attach to a new caregiver or to understand what makes a new caregiver any different from inadequate ones from the past.

### Monica's story continues:

*Monica was adopted by a wonderful family. The mom worked for Child Protective Services and was familiar with Monica's history. She quit her job to be with Monica full time. It's been a couple of years and Monica is healing slowly. Her behavioral problems (sleep problems and temper outbursts) have diminished. She still shows signs of insecurity and a lack of trust demonstrated by her periodic avoiding or clinging to her adoptive mom.*

Monica's progress can be attributed to her adoptive mother's skill at reading the signals Monica sends out when she needs attention but maybe doesn't know how to ask for it. Also, her adoptive mother doesn't force love and attention on Monica, and doesn't get fooled into thinking Monica does not have deep-seated needs for reassurance. Sometimes parents misperceive that the child doesn't need them. Luckily, Monica's adoptive mother continually reassures her that she is loved. She also talks

highly of Wendy, and encourages Monica to express her feelings. She also organizes and explains their day's schedule to let Monica know what to expect.

Children with backgrounds similar to Monica's develop a pattern of connecting and interacting with others that reflects how insecure they remain, even after foster care placement. They might:

- Be overly compliant and passive
- Take on a caregiver role toward the foster parent, which is a strange reversal
- Show behaviors or create problems which keep the focus upon them, even though the attention they receive might be negative
- Be chronically stuck in an approach/avoidance dilemma as they struggle to connect with their new families
- Be afraid to seek closeness and reassurance, though they need those so deeply.

Foster and adoptive parents must understand that children develop a pattern of attachment, and that the child's extreme vulnerability to loss and his reluctance to open himself up lead easily to additional disappointments. It could take years, if not a lifetime, for Monica to develop into a person with a healthy, secure attachment.

## Long-term Attachment Patterns

Attachment was also Wendy's struggle. She was an adult still working on an attachment problem, most likely rooted in her own childhood. Attachment issues can be handed down from one generation to the next. Adults also have attachment patterns. How an individual attaches to a mate, a partner, and to children is important to examine. The four patterns of attachment in adults are described in a handout. While the four adult patterns are similar to children's A, B, C, and D patterns, they do have some distinct differences.

Often an adult's actions help to identify features of insecure attachment in her life. Using Wendy as an example, her insecure attachment was exhibited in her:

- Extremely angry behavior brought on by feeling abandoned by others
- Problems with intimate relationships
- Dismissive, insensitive approach to meeting Monica's needs
- Lack of ability to empathize and fulfill Monica's needs
- Lack of trust she exhibited regarding information about prenatal alcohol and smoking usage
- Low self-esteem.

## Attachment Summary

Adults or children with insecure attachment may also display insecurity in many other ways, including:

- Low self-esteem
- Dependency
- Mistrust
- Over-reaction to any loss
- Increased anxiety and attachment behaviors when certain events occur
- Increased anxiety when they feel someone rejecting or pulling back from them.

In summary, human beings develop attachments or emotional connections to others who are important to them. Foster children, even though abused and neglected, also have formed attachments; the quality of the attachments to others may be insecure. A foster child's relationships to his caregivers may be built on a shaky foundation. These children may avoid closeness, or they might be highly anxious and clingy; they might be somewhat helpless; or they might force people into paying attention to them with negative behavior. Some of them send mixed signals to the foster parent, apparently fearing what they need most: love. No matter how insecure the attachment is, it is still a connection.

## Separation and Loss

When children enter foster care and lose contact with birth parents, the connections or attachments they have are broken or stretched. Even if the attachments are insecure, the feeling of loss can be very intense. So, foster children deal with many issues related to separation from, and loss of, loved ones.

While attachment describes emotional ties, separation and loss add to our understanding of what happens when those emotional ties are interrupted. Separation is different from loss. Separation occurs when people who are attached are apart from each other. Separation is often temporary and is followed by getting back together. A loss, on the other hand, is considered to be a complete disconnection. It is permanent.

To insure a better understanding of the difference between separation and loss, viewers are asked to indicate whether statements describe separation or loss in foster care and non-foster care situations.

### **A child is placed on the school bus.**

*This is separation. The child will return home later that day. So, the interruption or disconnection is only temporary. However, children can still become distressed over brief separations. Foster children, in particular, due to their history of instability, can worry about whether a parent will be there when they get back from school.*

**Child lives with his grandmother for a month.**

*This is separation. The interruption is temporary, and he will eventually be reunited with his family. The effects of separation might be softened by the fact that the child already knows and has a relationship with his grandmother.*

**Child's parent dies.**

*This is loss since the interruption is permanent.*

**Child is placed in foster care for six months.**

*This is a separation. The interruption is temporary. However, a school-age child may view six months as a very, very long time and worry that the separation is going to be forever. To an infant or young child with a poor sense of time, place, and person, a six-month separation while in foster care may feel more like a loss.*

**The court severs parents' rights.**

*This is loss. When a court severs parents' rights, it is permanent. Of course, there are cases where foster children grow up and search for and reunite with their birth parents.*

**The foster child's birth mother and father disappear and their whereabouts are unknown.**

*This could be separation or loss. In this case, it will not be known until later if the disappearance is temporary or permanent. In cases where someone's whereabouts are unknown, the loss may be unclear or undetermined.*

**A child goes off to college.**

*This is separation. This is a temporary disconnection, since the child comes home for some weekends, holidays, and summer vacations. This is just one example of many normal, expected separations that children and families experience.*

**Myths**

Both separation and loss can have an effect on the foster child and his attachment. Some myths as well as some truths about this impact exist. To insure a better understanding of the myths and truths surrounding separation and loss, viewers are asked to indicate whether statements are true or if they are myths. Statements are followed by the correct selection and an explanation.

**Separation for any child is traumatic.**

*Maybe. Not all separation is traumatic. Placing a child on a school bus is not generally traumatic, and over time it becomes routine. However, a six-month placement in foster care might feel very*

*traumatic to a child or adolescent. For some foster children, separation may be experienced as significant rejection or disruption. If a child already has insecure attachments a separation can increase attachment issues.*

**Foster children rarely miss parents or other adults who have maltreated them in the past.**

*This is a myth. Maltreatment may produce insecure attachment, but attachments can remain very, very strong. Many foster children want to return home, and the pain around separation is tangible.*

**Foster children can have many conflicting feelings about their birth parents, both missing them and fearing them.**

*This is not a myth. Often children state they want to return home, but they may or may not be aware of the anxieties they harbor: “Will I be abused again?” “Will my mother leave me?”*

**Foster children don’t react to being separated from their foster parents.**

*This is a myth. Once in foster care, children also experience significant attachment to the foster family and separation from them can be difficult. Children may even experience a brief respite-care placement as a painful separation.*

**Children in care who have weekend visits with a birth parent will feel a separation from their foster parents.**

*This is not a myth. The child might experience several emotions during a weekend visit, including a feeling of separation from the foster family. The feelings children have about being apart from foster parents should not be underestimated.*

**A foster child experiences a sense of loss when he or she has no contact after leaving the foster family for good.**

*This is not a myth. In some instances, foster children miss past foster parents as much as they miss their birth parents. Foster children can grow quite attached to their foster families and can experience significant feelings related to separation.*

**Foster children appreciate foster care, because it keeps them safely removed from parents who abuse or neglect them.**

*This is a myth. Many foster children want to return to their birth family, even when there has been abuse or neglect. Unfortunately, the children sometimes blame the foster family for keeping them away from their family.*

**Contact between the child and birth family can help calm anxieties and almost always leads to a decrease in behavior problems.**

*This can go either way, depending on the situation. Sometimes visits help the child settle down and reassure him. Visits also might help reduce behavior problems. However, visits can often stir things up, increasing problem behaviors.*

## The Impact

When separation and loss are traumatic for foster children, they react in different ways. How foster children react falls into five categories:

1. **Emotional** change. Foster children can react with feelings of anger, helplessness, and fear.
2. **Behavioral** change. Foster children can act up and misbehave, or they can become passive and withdraw.
3. **Relational** change. How foster children relate to their peers can be impacted. They might find it difficult to trust others and form and sustain friendships.
4. **Thinking** change. Foster children might be unable to get worries about loved ones off their mind, making it difficult to concentrate at school.
5. **Health** change. Separation and loss can cause children to get sick, experience sleep problems, or loss of appetite.

The following short stories told by foster parents demonstrate one or more responses to the impact of separation and loss.

*I never thought such a short break would have an effect on Angela, our six-year-old foster child. We needed to help out after my dad's death and so we placed Angela in respite care arranged by the agency. It was only for a week. I couldn't believe it. When we returned, Angela acted angrily, and she regressed into behaviors that I thought had disappeared for good.*

Angela is having a common emotional reaction to being separated from the foster parents. Emotional reaction can include feeling sad, angry, anxious, numb, lonely, guilty, and powerless. Foster children may not believe the foster parents coming back for them, even if they promised to do so since other adults may have broken promises in the past.

*James is four-years-old and has been in foster care for three months. He is like a puppy and needs to be where I am at all times. When I go to the bathroom, he'll sit on the other side of the door and whine for me, "mama, mama," until I come back out.*

This is both a behavioral and an emotional response to separation. Even something as minor as a foster mother leaving the room can cause the child to feel separation or abandonment. James's previous experience has left him with insecure attachment. He feels panicky and his behavior is clingy. Other children can show a lack of interest in usual activities, or they might have changes in their sleep patterns.

*When Angus's adoption was finalized, he began to withdraw, not just from us, but also from his playmates. We assumed that since he was seven-years-old he wanted a permanent situation, and this would make him totally happy. Instead, now he is withdrawn. I keep telling him we love him, and the only thing that has changed is that we are here for him forever.*

This is a relationship response to loss. The adoptive family is surprised that Angus reacted to the adoption finalization with changes in how he interacts with his new family. Angus could be feeling the loss of his birth family, not the gain of a permanent family. Angus might now understand that his contact with his birth family has ended forever.

Each of these situations demonstrated an issue around separation or loss, and in each the child had a different reaction. A handout titled *Classic Reactions to Separation and Loss* with more information is provided in the handout section.

## Multiple Placements

An examination of separation and loss would not be complete without a discussion about multiple placements. Some foster children not only are removed from their family and relatives, but also are moved from one foster home placement to another, sometimes repeatedly. Unfortunately, those who live in care for a significant period of time often do experience multiple moves.

Some myths surround around multiple placements. To insure a better understanding of the myths and truths surrounding multiple placements, viewers are asked to indicate whether statements are true or if they are myths. Statements are followed by the correct selection and an explanation.

**Experiencing multiple placements can result in children feeling reluctant to grow close to others for fear of losing them.**

*This is not a myth. Infants who are placed in foster homes and have successive, repeated moves will experience separation and loss from the primary caregiver, along with attachment problems.*

**Some foster children miss their siblings most of all.**

*This is not a myth. In many families where abuse or neglect has occurred, siblings have cared for one another, often assuming the protective role of a parent. Child welfare departments often recognize this fact and attempt to keep sibling groups together. It is not always easy to do that. When brothers and sisters are split up, the effects of separation can sometimes be softened by continued contact between the siblings.*

**Foster children who have been placed in one foster home after another are not affected physically.**

*This is a myth. Brain research has found that disruptions can affect brain chemistry. Changes in a stress hormone called cortisol have been linked to multiple foster placements.*

## Multiple moves in foster care can produce emotional and behavioral problems in children.

*This is not a myth. Foster children who originally presented no behavior problems developed behavioral issues after a series of moves. Multiple placement changes are linked with decreased school performance as well.*

## For some children, moving becomes the norm.

*This is not a myth. Children who experience multiple placements prior to being returned to their birth parents are more likely to reenter foster care. When children expect to be moved, they might create a self-fulfilling prophecy by acting out early in the placement in an attempt to get the expected rejection over with.*

Many moves and multiple placements, often called “foster care drift,” impact a foster child’s sense of belonging and sense of self-worth. A child may wonder, “Why get involved with others, if I’m only going to lose them anyway.” It is important that foster children be protected from frequent moves and no place to really call home.

## Feelings Related to Grieving

Foster children and youth can feel a range of emotions while grieving: shock, disbelief, anger, protest, despair, depression, detachment, anxiety, and blame. These emotions don’t necessarily follow in a specific order or time period, but they can be expected as normal emotional reactions to a loss or separation. The following demonstrates how the child or youth might express his emotions in words or behavior.

**Denial** is being unable to deal with the reality of what has happened.

*“I’m not really going to be staying here for very long. So, I don’t care. As soon as mom gets this fixed I’ll get back home.”*

Some foster children, like this example, may say things that show they are in denial. Others may show denial by not having an emotional reaction to the move into placement, or they may have a “honeymoon period.” The honeymoon in this case may relate to the child’s belief that the separation will be reversed shortly. While in denial, the child might not make an effort to learn foster family names or become involved in foster family activities.

**Anger and protest** demonstrate feeling frustrated or furious about the situation.

*“I didn’t want to be here, I just want my family back. I didn’t do anything to deserve this. You are keeping me from my family! I love my family, and they have done nothing wrong. Why won’t you let me go home?”*

A foster child or youth can be angry, oppositional or hyper-sensitive to anything the foster parents might say or do. The child might refuse to comply with requests, display tantrum behaviors, engage in emotional, angry outbursts, and destroy of property. An angry child also might withdraw, sulk or pout, and refuse to participate in social activities.

**Bargaining** means the child thinks that, if he acts in a certain way, he will get to go home.

*“If I behave, I’ll be sent back home.”*

The foster child or youth might act eager to please and make promises to be good. The foster parents might experience a “honeymoon period” until the child sees that his efforts are not getting him home any sooner. Sometimes a child will recant, or take back, abuse allegations in order to try to undo what she feels she has done to cause the placement.

**Depression and despair** occur when foster children seem to give up and feel a huge sadness.

*“I feel sick today, I can’t go to school. I’ll just stay in here in my bed.”*

The child might display an attitude of “I’m not going to try in this foster home” or “I’ll never see my family again.” The child may be disinterested in being social. Emotional withdrawal and failure to respond to others are common. These children might be listless or without energy. Their behavior or activities are mechanical, without direction, investment, or apparent interest.

**Resignation / Resolution** is coming to grips with, settling in, or feeling good about the situation.

*“My mom needs to wake up about taking drugs and ditch her boyfriend. He is a scary dude. Right now, my life is a whole lot safer away from him. When he is gone, I’d like to try it with her again.”*

Resignation or resolution is not the same thing as fatalistic acceptance and giving up. The child will begin to develop stronger attachments in the new home as the child begins to identify as part of the new family. The intensity of emotional distress decreases, and the child feels more secure in the new environment.

## What Foster Parents Can Do

Caregivers can help their foster children cope with separation and loss. Each child’s situation is unique and will vary in how caregivers can help. Foster parents need to read the child by paying close attention to and understanding the child’s reactions, and adjust to the child’s needs.

The overall goal of foster parents should be to provide a secure base for children. It can be a partial antidote to separation. And in the case of loss, such as the death of a child’s family member or a termination of parental rights, foster parents can offer the child needed compassion, understanding, and a safe place to sort out how he or she feels about the loss. Foster parents can provide a sounding board, a shoulder to cry on, and a sympathetic ear to grieving children and adolescents.

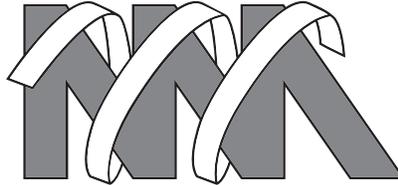
This class provides a foundation of information and will help foster parents understand why some foster children behave the way they do. Sometimes behavior problems relate to separation and loss issues. The child’s behavior may not necessarily be targeted at the foster parents but may simply be a way to express the pain and suffering that he or she has experienced.

The course is a pre-service course meant to be viewed before a child is placed in your home. Once a child is in your home, other classes and trainings available on FosterParentCollege.com® will build on this foundation. Further training will help you understand the “why” behind specific behavior problems and will offer solutions to help your child realize his or her potential.

This concludes the class. Please remember to print out the handouts. Thank you for participating and for caring.

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